

**FDCP NATIONAL REGISTRY FOR AUDIO-VISUAL WORKERS  
RENEWAL FORM**

<b>FOR FDCP USE ONLY</b>		2 x 2 Picture with White Background
<input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED	FDCP Number: _____	
Reason of Non-Qualification: _____		
Screened by: _____		
Signature Over Printed Name _____	Date _____	

**FILL UP FORM USING BLACK INK AND CAPITAL LETTERS**
**I. APPLICANT INFORMATION**

Name: <i>Surname</i> <i>Given Name</i> <i>Middle Name</i> <i>Suffix</i>					Professional Name: _____	
Date of Birth: _____	Place of Birth: _____	Nationality: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Permanent Address: _____			Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow (ER) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated			
Email Address: _____			Occupational Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed			
Telephone Number: _____		Mobile Number: _____		Tax Identification Number (TIN): _____		
SSS Number: _____		Pag-Ibig Number: _____		Philhealth Number: _____		

**II. ENGEgements IN THE LAST THREE (3) YEARS (with proof of engagement attached)**

PROJECT / TITLE / YEAR	Actor	<input type="checkbox"/> Producer	<input type="checkbox"/> Directors	<input type="checkbox"/> Production Staff	<input type="checkbox"/> Technical Worker	<input type="checkbox"/> Creatives/ Artistic Team
1.	<input type="checkbox"/> Actor/Principal <input type="checkbox"/> Actor/Support <input type="checkbox"/> Actor/Voice	<input type="checkbox"/> Executive Producer <input type="checkbox"/> Supervising Producer <input type="checkbox"/> Line Producer <input type="checkbox"/> Associate Producer	<input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Unit Director	<input type="checkbox"/> Production Manager <input type="checkbox"/> Location Manager <input type="checkbox"/> Production Assistant <input type="checkbox"/> Talent Coordinator	<input type="checkbox"/> Cinematographer <input type="checkbox"/> Camera Operator <input type="checkbox"/> Lighting Director <input type="checkbox"/> Gaffer <input type="checkbox"/> Camera Assistant <input type="checkbox"/> Sound Recordist <input type="checkbox"/> Sound Engineer <input type="checkbox"/> Editor <input type="checkbox"/> Post-Production Technician <input type="checkbox"/> Production Equipment Operator	<input type="checkbox"/> Writer <input type="checkbox"/> Production Designer <input type="checkbox"/> Film Composer/ <input type="checkbox"/> Musical Scorer <input type="checkbox"/> Art Director <input type="checkbox"/> Hairstylist/ Make-up Artist <input type="checkbox"/> Costume Designer <input type="checkbox"/> Wardrobe Staff
2.	<input type="checkbox"/> Actor/ Background					
3.	<input type="checkbox"/> Actor/Stuntman					
4.						
5.						

Present Employer (if any): _____	Monthly income: <input type="checkbox"/> 10,000 below <input type="checkbox"/> 10,001 - 20K <input type="checkbox"/> 20,001 - 30K <input type="checkbox"/> 30,001 - 40K <input type="checkbox"/> 40,001 - 50K <input type="checkbox"/> 50K - Above
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I hereby certify that the above information given true and correct  
and authorize FDCP National Registry to secure my details for their database

Conforme: \_\_\_\_\_  
Applicant Signature Over Printed Name

Received by:  Signature Over Printed Name / Date _____	Recommending Approval:  Signature Over Printed Name / Date _____	Approved by:  Signature Over Printed Name / Date _____
National Registry Officer	National Registry Officer	Executive Director / National Registry